

## Andrew Hannapel, MD, FAAFP



2404 Prince Street • Durham, NC 27707 • Home Phone: 919 403 3754  
Cell Phone: 919 451 9235 • E-Mail: ahannape@me.com

February 14, 2012

Mitzi Dease Paige, Assistant United States Attorney  
Office of the U.S. Attorney, Southern District of Mississippi  
501 E. Court Street – Suite 4.430  
Jackson, Mississippi 39201-0101

Re: *Chickaway v. USA*

Dear Ms. Paige:

I write to give you my opinions in the medical care of Brandon Edward Phillips provided at Choctaw Health Center in Philadelphia, Mississippi on April 5 through April 7, 2007.

You have received my curriculum vitae detailing my experience and present position. I would like to expand on my responsibilities, as it goes to my ability to comment on Mr. Phillips' care. I am a clinician-educator within the Department of Family Medicine at the University of North Carolina at Chapel Hill. From 1998 through 2009, I saw patients in our family medicine clinic, in the emergency department and in the hospital at UNC in Chapel Hill. I saw patients of all ages, from infancy to geriatrics and all in between. I saw pregnant women both in the clinic for prenatal care as well as during their delivery on labor and delivery. The majority of my time was spent in the capacity of patient care as described above, approximately 70 percent. The other 30 percent was divided 20 percent for teaching family medicine residents and medical students, and 10 percent in administrative function as the director of the Maternal and Child Health Services (MCH) in the department and the University of North Carolina Hospitals (UNCH).

From 2009 to the present, my main clinical practice is as an emergency department physician and hospitalist at Chatham Hospital in Siler City, North Carolina, approximately 30 miles southwest of Chapel Hill. I continue to teach medical students and family medicine residents throughout the year. I attend with a family medicine resident on Labor and Delivery at UNCH approximately six weeks per year. Chatham Hospital is a small critical access hospital consisting of 24 beds and a ten-bed emergency room, serving a population of the approximately 8000 residents of Siler City in the rural county of Chatham (population ~60,000). I supervise a family nurse practitioner (FNP) or physician's assistant (PA) at Chatham Hospital in the emergency department while seeing patients of all ages myself. My employment experience allows me to be well aware of the medical practice of a family physician in a large medical center as well as a smaller hospital and emergency room. This is not dissimilar to the Choctaw Health Center in Philadelphia, Mississippi.

I have received from you and reviewed the following records:

1. Complaint: Chickaway v. USA with amended complaint and answers,
2. Medical Records of Brandon Phillips from:
  - o Choctaw Health Center,

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- Leake Memorial Hospital,
  - Neshoba County Hospital,
  - University of Mississippi Medical Center
3. Medical Opinions by:
- Dr. John Spangler
  - Dr. Steven Shore
4. Loss of Earning Capacity/Economic Loss Evaluation by:
- Bruce Brawner
  - James Koerber

I reserve the right to append my opinion set forth in this letter if additional information or documentation is made available.

I will highlight Mr. Phillips' medical course in a chronological review.

Mr. Brandon Edward Phillips was a 12 year-old male who fell while playing basketball on or about April 4, 2007. He presented with his mother to the Emergency Room at Choctaw Health Center on April 5, 2007 at 19:47. The chief complaint recorded was "left groin pain since Tuesday, denies injury." In my medical opinion, he was appropriately triaged, evaluated and treated by the CHC staff. He received an intramuscular injection of toradol for pain and released with instructions to rest, ice the injured area and take Motrin 200 mg every 4-6 hours and return as needed. I see no deviation to standard of care in the care rendered on April 5, 2007.

Brandon presented with his father to the Emergency Room at CHC on April 7, 2007 at 12:36. The chief complaint recorded was, "playing basketball tues. pain left hip bone. Seen thur." Then (O), "12yo NAM c/o pain left hip X 4 days injured playing basketball. Seen in ER thur & given motrin." According to the records Brandon was ambulatory, was "unable to recall the mechanism of injury that occurred 5 days back while playing basketball. Father states Ø (no) weight tolerated to left hip." His recorded vital signs were: temp 97.4, pulse 120-150, resp 20, BP 97/57, O2sat 97, pain 10. His exam by A. McDonald, FNP was recorded as "Sleeping upon entrance to exam room. Pt. awakened with ease. Points to left hip as point of pain. Moderately tender area lateral/anterior hip/superior femur area. Limited ROM 2° pain. The skin integrity is intact without discoloration or break. Mild abrasion is noted. Distal pulses intact. 15:00 x-ray films reviewed. No acute pathology identified. Pt. with new (or now) developing erythematous rash to arms/fine tremors/puritis to arms. Rv (recheck) temp/ B/P / O2 sat. B/P 111/79 p/133 Temp: 98. CT left hip/pelvis- possible bursitis vs. Tear. CBC 6.1<13.9/42.4<157" Ms. McDonald's assessment was left hip pain – possible Bursitis vs. Possible Bursa Tear. Ms. McDonald appropriately consulted Dr. Greene, Sr. of Meridian Orthopedics and arranged for follow up in 2 days. He was released after being given oral medications of Benadryl 25 mg and Tylenol #3 10 ml (5 ml in ED then 5ml every 6 hours at home), signed off by Dr. Venkateswara Yedlapalli, Ms. McDonald's supervisor. He was also given a prescription of lortab elixir (7.5 ml by mouth every 6 hours as needed for pain).

On April 8, Brandon was taken to Neshoba County Hospital by his mother where he was found to be in severe distress, septic and in need of intensive care. He was stabilized, started on intravenous antibiotics and transferred to University of Mississippi Medical Center. In route, he deteriorated and was diverted to Leake Memorial Hospital

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Emergency Department. He was intubated, further stabilized and then airlifted to UMMC. He was cared for in the pediatric ICU at UMMC until he died June 12, 2007, from sepsis/ARDS/organ failure and complications due to a septic hip joint.

You have asked me to specifically comment on the medical care rendered at CHC on April 7, 2007. In my medical opinion, this is an atypical presentation of a septic hip joint and medical care rendered at CHC on April 7, 2007 was appropriate and did not deviate from the standard of care. While the overall outcome for Brandon is tragic, this case does not represent an obvious septic joint. There are several issues that require comment.

1. Brandon's blood pressure was normal at presentation to CHC ED (97/57). He was not hypotensive. His blood pressure was well within the normal range –based both upon his age and height as well as previous readings in the medical record (that were not available to the clinicians in the ED.) His blood pressure of 135/68 from his ED visit on April 5, 2007, is not in his normal range compared with previous BP recordings in his medical record and is elevated (above the 95<sup>th</sup> percentile) based on his height. This elevation could be explained as a response to his pain. It is incorrect to conclude that he was hypotensive and therefore septic when comparing his blood pressure on April 5 (135/68) and April 7 (97/57 and 111/79).
2. Brandon did not have a documented fever during his five-hour stay in the ED on April 7, 2007. He did have a reduction in his pulse rate and pain scale, albeit still not in the normal range, but both explainable due to his pain.
3. Laboratory evaluation showed a normal blood count, including his white blood cell count and platelets. His relative increase in the neutrophil percentage is not specific for infection and can be explained by his stress response to pain. His erythrocyte sedimentation rate (ESR) was mildly elevated at 18 (normal 3-9mm/hr.) In septic joint presentations, white blood cell counts are most commonly elevated and the ESR is most commonly more elevated into the 40-50mm/hr range. The mildly elevated ESR is a nonspecific laboratory test and does not point directly to infection or other inflammatory diagnosis.
4. Radiologic Evaluation revealed a reasonable explanation for Brandon's pain and not an obvious finding of a septic hip joint. The asymmetry noted on the CT scan adjacent to the greater trochanter of the femur is not characteristic of a septic joint. In fact, there is no joint abnormality on CT scan. The finding of the radiologist that this “ probably represents a muscular tear with resultant intramuscular hematoma” is a reasonable explanation for Brandon's pain and injury.

In summation, it is my opinion based on my medical education, training and experience and the review of the prior listed documents, that within a reasonable degree of medical certainty, there was no breach in the standard of care by Dr. Venkateswara Yedlapalli and Ms. A McDonald, FNP, in the rendering of medical care to Mr. Brandon Edward Phillips on April 7, 2007. My reasons for reaching such conclusions are delineated in the body of this letter.

I am happy to make myself available for deposition, if so needed, at a mutually agreeable time and place. At such a time, I will be able to further explain or clarify my opinions and answer any questions that you or the plaintiff's attorney may have.

Exhibit A

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Sincerely,

Andrew C. Hannapel, MD, FAAFP  
Adjunct Assistant Professor of Family Medicine  
Department of Family Medicine,  
University of North Carolina at Chapel Hill

6/30/2009

Current Charges

Andrew C. Hannapel, MD, FAAFP

Current charges for expert witness services are as follows:

- > \$400/hr Review/Evaluate Medical Records
- > \$600/hr Depositions
- > \$600/hr To testify in court
- > \$4000/day - plus expenses for time spent out of Durham/Chapel Hill

Andrew C. Hannapel, MD  
Updated: January 27, 2012

**Depositions and Court Testimony**

*1. Truan v. Haskins, et al.*

Circuit Court of Knox County, Tennessee  
Case No. 1-145-05  
Deposition for Plaintiff: 11/7/2006 and 11/30/2009  
Court Testimony: 5/8/2007

Law Firm: Kennerly, Montgomery & Finley  
550 Main Street – Fourth Floor  
Knoxville, Tennessee 37902

*2. Bowden v. USA,*

US District Court for the Eastern District of North Carolina, Western Division  
US District Judge Terrence W. Boyle  
Case No. 5:06-cv-00151-BO  
Court Testimony for the Defendant: 12/3/2008

Sharon Wilson, Assistant United States Attorney  
Eastern District of North Carolina  
U. S. Department of Justice  
Terry Sanford Federal Building  
310 New Bern Avenue  
Raleigh, North Carolina 27601-1461

*3. Hill v. Chu, et al.*

Circuit Court of Marengo County, Alabama  
Civil Action No. CV-2009-900030  
Deposition for the Plaintiff: 6/7/2011

Law Firm: Jonathan W. Gathings & Associates, LLC  
3288 Morgan Drive Suite 112  
Birmingham, AL 35216